



STARBASE AUSTIN
STUDENT APPLICATION/PERMISSION FORM
2016-2017

TO BE COMPLETED BY
CLASSROOM TEACHER:

Call Sign: _____

Student #: _____

Class #: _____

Please type or print clearly and return to your child's teacher.

Child's Name _____

Street Address _____ Home Phone () _____

City _____ State _____ Zip _____

School Name _____ District _____ School ID _____

Grade _____ Age _____ Male _____ Female _____

Ethnicity (circle): White African American / Black Hispanic / Latino
Asian American Indian / Alaska Native
Hawaiian Native / Pacific Islander More Than One Race

Parent's Name _____

Street Address _____

City _____ State _____ Zip _____

Work Phone () _____ Cell Phone () _____ Email _____

EMERGENCY INFORMATION

Person to contact in case of an emergency _____

Emergency Telephone () _____

Insurance Carrier _____ Policy No. _____ (if available)

Please note any medical problems (prescription drugs, illnesses, etc.) or other special issues, which a chaperone should know.

In case of an emergency, I authorize **STARBASE** and/or accompanying chaperone to obtain medical aid for my child or ward, if they deem necessary. I agree the cost of such medical care is my responsibility.

(Over please)



RELEASE OF LIABILITY

Your child will participate in the STARBASE Program one day per week for five weeks. Your child will leave school at approximately 8:30 a.m. accompanied by adult school chaperones and will depart STARBASE at 2:00 pm to return to the school campus. Transportation to and from Camp Mabry will be via school bus provided by the school district.

In the event of an accident illness or injury, and the persons on the first page cannot be reached, I hereby give STARBASE personnel permission to take action as deemed in the best interest of my child.

I hereby grant permission for my child or ward to participate in the **STARBASE** Program and its affiliated activities, including supervised use of teacher selected websites, permission for photography and videotaping for promotional purposes. I hereby waive any monetary or other rights that my child or I may have to inspect and/or to approve the finished product of the advertising copy that may be used in connection with the use to which it may be applied. I hereby consent to the release of said portraits, pictures, videotapes, or motion pictures, to other broadcast media, such as non-governmental television, cable, or radio stations. I further assign to the said organizations all right and title and interest in the above described videotape recording, motion pictures, or photographs for any further use in the area of motion pictures videotapes, publicity pictures, etc. I understand and agree that said organizations might maintain video tape recordings, photographs, etc. for training purposes and archives.

I understand this program is an educational experience with hands-on activities, teamwork and building of self-confidence. This program also entails visits to military work areas around heavy equipment, aircraft and other military items. There may be base tours and my child will be transported via school bus to these sites. I take full responsibility for any damage that might occur to government/STARBASE property caused by my child. I agree not to hold the US Government, Texas Department of Military, Veterans Affairs, Texas National Guard, National Guard, Texas STARBASE, Texas STARBASE Inc., sponsoring agencies, any staff or representatives liable in any way for mishaps, which could occur due to the nature of the activity, in which my child is engaged or should injury/death or disability result from participation in STARBASE. I also understand that the STARBASE staff reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, or the STARBASE academy, as determined by the STARBASE staff.

I, therefore, agree to assume any and all risk for my child to be involved in the **STARBASE** program and other activities related directly or indirectly to it.

I further understand that I may ask any and all questions prior to signing this consent form.

Parent's /Guardian's Signature _____

Date _____

Signature is required. Unsigned applications will not be accepted. Return this application to your child's teacher.